

Oregon Department of Corrections

Facility Transfer Victimization Screening Tool

*(To be completed within 72 hours of arrival at institution)*

Institution: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ SID#: \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

1. Yes  No  Do you feel at risk of being sexually abused by other inmates?

2. Yes  No  Have you been taken advantage of sexually during a prior incarceration (in any institutional setting)?

If "Yes", did it occur within the last year? Was it reported?

\_\_\_\_\_

Observable traits or behaviors of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Responses need to be sent to facility PCM (PREA Compliance Manager).  
Documentation is mandatory.**

**Follow up:**

If a yes to either question above forward a copy of this form to BHS for follow up.